



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

Level I STEMI Center

2020 Renewal Application – State Verification



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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About the Idaho TSE System

Why a TSE program?

The 2014, Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack (a.k.a. STEMI). Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

How does the TSE program work?

The Idaho Department of Health & Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of healthcare providers and administrators and EMS agencies representing both urban and rural populations is responsible for establishing Rules and Standards for the Idaho TSE System. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a TSE Regional Committee made of EMS providers, healthcare providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The TSE Regional Committees will have the ability to establish guidelines that best serve their specific community as well as providing a feedback loop for EMS and healthcare providers.

What guiding principles are the foundation of the Idaho TSE System?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wanting to participate;

- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

How often is a center verified, and how much does it cost?

A center is verified every three years and an onsite survey is required for every verification process. The onsite survey fee is \$1,500 and must be submitted with the application. Once the center is designated, the designation fee can be paid in three annual payments of \$500.

Whom do I contact about the application process?

Idaho Time Sensitive Emergency Program

P.O. Box 83720

Boise, ID 83720-0036

tse@dhw.idaho.gov

<https://tse.idaho.gov>

Program Manager Melissa Ball

Melissa.Ball@dhw.idaho.gov

(208) 334-2124

Program Specialist Maegan Kautz

Maegan.Kautz@dhw.idaho.gov

(208) 334-4904

Please do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you in meeting these standards.

Application Process

State Verification

To apply for a designation as a Level II STEMI Center in Idaho **using the State of Idaho for verification**, please do the following:

1. Print and complete the application. Submit one application per facility. A completed application includes:
 - a. Facility and Personnel Profile;
 - b. Certification Statement;
 - c. Pre-Survey Questionnaire (PSQ); and
 - d. Required attachments.
2. Obtain the required signatures on the Certification Statement.
3. Use the current edition of the TSE Standards Manual as a reference to understand the designation criteria.
4. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification Statement, and verification letter.
5. Mail the completed application and onsite site survey fee (\$1,500) to:

[Make checks payable to Bureau of EMS & Preparedness](#)

Bureau of EMS & Preparedness
Time Sensitive Emergency Program
P.O. Box 83720
Boise, ID 83720-0036

Or for FedEx, UPS, etc.
2224 E. Old Penitentiary Rd.
Boise, ID 83712

The TSE Program staff will notify you within 10 business days to confirm the receipt of the application and check.

Application

Answer every question (circle either yes or no) and label all attachments. If you require additional space, please include a separate sheet. Once completed, print and sign the application (i.e. Certification Statement). Please contact the TSE Program staff if you have any questions or concerns regarding your application (208) 334-2124.

Personnel Profile:

Facility Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact:		
Phone:	Email:	

Hospital Administrator/CEO:	
Phone:	Email:
STEMI Program Manager	
Phone:	Email:
STEMI Medical Director	
Phone:	Email:

Facility Profile:

Number of ED Beds:

Number of ED Beds Designated for Critical Patients (Trauma, Stroke, STEMI):

Number of Inpatient ICU Beds:

Annual ED Volume:

Annual STEMI Volume:

Local Population Size the Facility Supports:

Name of Nearest Tertiary Facility:

Number of Miles and Approx. Time by Ground:

CERTIFICATION STATEMENT

I, _____ (CEO/COO), on behalf of _____ (facility), voluntarily agree to participate in the Idaho Time Sensitive Emergency System and Idaho TSE Registry as an Level I STEMI Center. We will work with Emergency Medical Services (EMS) and other facilities in our area to streamline triage and transport of cardiac patients and participate in our Regional Time Sensitive Emergency Committee.

We attest that the facility has sufficient infrastructure, staff, equipment, and support to the STEMI program to provide adequate provision of care. There is 24/7 coverage in the ED by physicians who are board-certified in emergency medicine or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in cardiac care. All ED RNs must complete annual education on signs and symptoms of ACS. A defined and well-trained rapid response team responds to emergencies within the facility. Qualified staff to perform laboratory testing, and medical management (e.g. pharmacists) including FDA-approved fibrinolytic therapy are available 24/7. Diagnostic and interventional cardiac catheterization is available 24/7.

The facility has an ICU or CCU and the ability to perform cardiac surgery or has transfer agreements with a cardiac surgery hospital via critical care ground or air. The facility has written agreements with regional Level II STEMI Centers to accept all STEMI referrals as well as a no-divert policy for all patients who meet cardiac care team activation criteria and a backup plan with a communication strategy for situations when the facility's cardiac care resources are temporarily unavailable.

The facility coordinates with the local EMS agencies on cardiac care, transport policies and procedures, training, and performance improvement and provides assistance with and clinical education for EMS providers in coordination with the EMS Medical Directors. We have a policy for referral to cardiac rehabilitation services. The facility meets all requirements in the current edition of the TSE Standards Manual for a Level I STEMI Center designation. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of cardiac service we have committed to in this application.

Chair, Governing Entity

Date

Chief Executive Officer

Date

STEMI Medical Director

Date

STEMI Program Manager

Date

Center Mission

Attach a copy of the current resolution supporting the STEMI center from the medical staff.

Medical Staff Resolution (attachment)

Attach a copy of the current resolution supporting the STEMI center from the hospital board.

Hospital Board Resolution (attachment)

STEMI Leadership

Cardiac Medical Director

Attach a copy of the Cardiac Medical Director's job description. Must be board-certified in cardiology or emergency medicine.

Cardiac Medical Director's Job Description (attachment)

Cardiac Medical Director's CV (attachment)

Cardiac Care Coordinator

Attach a copy of the Cardiac Care Coordinator's job description. It must include 18 hours of continuing education in cardiac care every three years.

Cardiac Care Coordinator's CV (attachment)

Cardiac Care Coordinator's Job Description (attachment)

Training and Education

ACLS, or equivalent, is required for the following:

- Physicians and midlevel providers (who are on the cardiac care team)
- All RNs on the cardiac care team
- All ED RNs

Attach a copy of the ACLS documentation.

ACLS Tracking Log (attachment)

Cardiac care team RNs must complete annual education and training in identifying dysrhythmias, symptoms of ACS, and Current AHA ACS guidelines.

Attach supporting documentation.

Cardiac Care Team RNs Annual Education (attachment)

All center staff, not just clinical staff, must complete annual education on signs and symptoms of ACS.

Attach supporting documentation.

All Center Staff ACS Education (attachment)

Interventional cardiologists who perform cardiac cath have a minimum of 45 hours of interventional CME every three years.

Attach supporting documentation.

Interventional Cardiologist's CME (attachment)

Cardiac Services

Interventional cardiologist is on-site within 30 minutes of cardiac care team activation with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of interventional cardiologist lab staff response less than 30 minutes. _____

Data point: Average of interventional cardiologist response time. _____

Cardiac cath lab staff are on-site within 30 minutes of cardiac care team activation with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of cath lab staff response less than 30 minutes.

Data point: Average of cath lab staff response time. _____

Door-to-balloon time in less than 90 minutes in at least 85% of cases.

Provide the following data points for the last 12 months.

Data point: Percentage of door-to-balloon time less than 90 minutes. _____

Data point: Average of door-to-balloon time. _____

Must perform a minimum of 36 PCI procedures for STEMI during the last 12 months.

Provide the following data point.

Data point: Total number of PCI procedures performed during the last 12 months.

The center's post cardiopulmonary arrest care protocols are based on current AHA guidelines.

Attach a copy of the cardiopulmonary arrest care protocols.

Cardiopulmonary Arrest Care Protocol (attachment)

Attach a current copy for the following protocols:

Acute Coronary Syndrome (ACS) (attachment)

STEMI (attachment)

Activation of cardiac care team for "walk ins" and patients arriving by EMS (attachment)

Fibrinolytic Therapy (attachment)

Community Outreach

Tobacco cessation, nutrition, and heart health education including prevention, signs and symptoms, the importance of learning CPR, and calling 911 are provided to the facility's personnel and the community annually.

Attach a copy of your community outreach and education.

Community Outreach & Education (attachment)

Performance Improvement (PI)

The PI program must ensure optimal care and continuous improvement of care. It must be clearly defined and include the following:

- A reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.
- Review of system and process issues, clinical care issues, admissions, and transfers decisions to a higher level of care are reviewed to determine rational, adverse outcomes, and opportunities for improvement.
- Use of current clinical practice guidelines, protocols, and algorithms derived from evidence-based resources to achieve benchmark goals.
- Documentation of all process and outcome measures including loop closure annually.
- Meets at regular intervals to meet the needs of the program.
- Demonstrate problem resolution (i.e. loop closure).
- Ability to identify the STEMI patient and use audit filters to review and improve patient care. PI review is inclusive of all STEMI admissions and transfers.
- Evaluation of cardiologist's response time and cardiac cath lab availability and delays.
- Work with transferring facilities to provide and obtain feedback on all transferred patients.

Attach a copy of your PI documentation.

Performance Improvement Plan (attachment)

TSE Registry

Participation in the Idaho TSE Registry is required with at least 80% of cases entered within 180 days of treatment. Participation in a national registry and CARES is recommended, but not required. Please contact the IHA for a letter verifying the facility is compliant.

Attach a copy of your Idaho TSE Registry compliance letter.

Idaho TSE Registry Letter (attachment)